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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).	
I hereby appoint:	
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OR	
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):	
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).	
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Assignee Name and Address:	
Cascade Microtech, Inc.	
2430 NW 206th Avenue	
Beaverton, Oregon 97006	
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SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee	
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Name / Joe Shallenburger   Telephone (503)	601-1975

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